

ATTORNEY'S DOCKET NO.: 133630-0003

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:
 My residence, post office address and citizenship are as stated below next to my name:
 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SUTURE BAND

the specification of which:

☐ is attached hereto.☒ was filed on October 14, 2005 asApplication Serial No. 10/553,143and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefit under Title 35, United States Code, §119, of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Priority Claimed

| | | | | |
|--------------------------------------|------------------------|---|--|------------------------------------|
| <u>0308647.7</u> (Number) | <u>GB</u> (Country) | <u>15/04/2003</u> (Day/Month/Year Filed) | <input checked="" type="checkbox"/> [X] Yes | <input type="checkbox"/> [] No |
| <u>PCT/IB2004/001114</u> (Number) | <u>WO</u> (Country) | <u>13/04/2004</u> (Day/Month/Year Filed) | <input checked="" type="checkbox"/> [X] Yes | <input type="checkbox"/> [] No |

I hereby claim the benefit under Title 35, United States Code, §120, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information material to patentability as defined in Title 37, Code of Federal Regulations, §1.56, which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

| | | |
|-----------------------------------|------------------------|--|
| _____ (Application Serial No.) | _____ (Filing Date) | _____ (Status) (patented, pending, abandoned) |
|-----------------------------------|------------------------|--|

| | | |
|-----------------------------------|------------------------|--|
| _____ (Application Serial No.) | _____ (Filing Date) | _____ (Status) (patented, pending, abandoned) |
|-----------------------------------|------------------------|--|

I hereby claim the benefit under Title 35, United States Code, §119(e), of any United States provisional application(s) listed below.

| | |
|-----------------------------------|------------------------|
| _____ (Application Serial No.) | _____ (Filing Date) |
|-----------------------------------|------------------------|

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

000133630/0003/851530-1

RECEIVED
CENTRAL FAX CENTER

OCT 13 2006

As a named inventor, I hereby appoint the attorney(s) associated with the following Customer Number to prosecute this application and transact all business in the Patent and Trademark Office connected therewith with full power of substitution and revocation.

Customer Number 50659

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

CUSTOMER NO. 50659

Theresa A. Orr
Butzel Long, P.C.
100 Bloomfield Hills Pkwy. Suite 200
Bloomfield Hills, MI 48304

Theresa A. Orr
Telephone: (248) 258-3877
Facsimile: (248) 258-1439

Full name of sole inventor: Doris Hjorth HansenResidence: Casale Nassio Sopra 15, 1-10010 Chiaverano, ItalyCitizenship: DenmarkPost Office Address: Same as residenceInventor's Signature:  Date: 27/9-06

000133530/0003651530-1

BEST AVAILABLE COPY